



**TOWN OF LA POINTE**  
**MADLINE ISLAND**  
P.O. Box 270  
LA POINTE, WISCONSIN 54850

PHONE: 715-747-6855  
FAX: 715-747-6856

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**LETTER OF INTEREST**  
**COMMISSION, BOARD OR COMMITTEE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Commission, Board or Committee

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone (Daytime)

\_\_\_\_\_  
Phone (Evening)

\_\_\_\_\_  
Email Address

Town Resident? \_\_\_\_\_ yes \_\_\_\_\_ no

On the following lines please include information which you feel is relevant to the Committee,  
Commission or Board you are interested in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Please return completed form to one of the following:**

Mail to: Town of La Pointe, P.O. Box 270, La Pointe, WI 54850

Fax to Town of La Pointe at 715-747-6654 or drop application off at the Town Hall.

Thank you.